


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90032 027 ****50.00

DOCUMENT # L01000002825	
1. Entity Name MARLINS CAPITAL, L.L.C.	

Principal Place of Business 6400 CONGRESS AVENUE STE 2700 BOCA RATON, FL 33487	Mailing Address 6400 CONGRESS AVENUE STE 2700 BOCA RATON, FL 33487
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2. Principal Place of Business 4263 NW 61ST LANE	3. Mailing Address 4263 NW 61ST LANE
Suite, Apt. #, etc. BOCA RATON	Suite, Apt. #, etc. BOCA RATON

City & State Florida	City & State Florida
Zip 33496	Zip 33496
Country	Country



04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1078821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HONIG, JONATHAN 6400 CONGRESS AVENUE STE 2700 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4263 NW 61ST LANE City BOCA RATON FL Zip Code 33496
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jonathan Honig* DATE 4/7/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONIG, JONATHAN 6222 43RD TERRACE BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4263 NW 61ST LANE BOCA RATON FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Jonathan Honig* DATE 4/7/06 561 445-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #